

WISCONSIN MEDICAID  
STAT-PA DRUG WORKSHEET FOR  
ALPHA-1 PROTEINASE INHIBITOR

This worksheet is to be used by pharmacists and dispensing physicians only.

Name — Recipient	
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The Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system will ask for the following items in the order listed below:

GENERAL INFORMATION

Wisconsin Medicaid Provider Number	_____
Recipient Medicaid Identification Number	_____
National Drug Code	_____
Prescriber's Drug Enforcement Administration Number	_____
Diagnosis Code Use the most appropriate <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> diagnosis code. The decimal is not necessary.	
Place of Service (Patient Location) Use patient location code "00" (Not Specified), "01" (Home [IV-IM Services Only]), "04" (Long Term/Extended Care), "07" (Skilled Care Facility), or "10" (Outpatient).	_____
Date of Service The date of service may be up to 31 days in the future, or up to four days in the past.	
Days' Supply Requested*	

CLINICAL INFORMATION

Does the recipient have clinically significant panacinar emphysema due to congenital Alpha-1-Antitrypsin deficiency? If yes, press "1." If no, press "2." \_\_\_\_\_

a. If yes, the PA request will be approved for 365 days.

b. If no, the provider will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

STAT-PA RESPONSE

Assigned PA Number	_____
First Date of Service	
Expiration Date	
Number of Days Approved	

ADDITIONAL INFORMATION

The pharmacist learned of this diagnosis or reason for use when:

- ☐ The patient informed the pharmacist through patient consultation. In most cases, it is possible to learn the necessary information from the patient.
- ☐ The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.
- ☐ The physician or personnel in the physician's office informed the pharmacist by telephone, either now or on a previous occasion.

Check the appropriate box:

- ☐ This is a new PA request.
- ☐ This is a renewed PA request.

\*Days' supply requested equals the total days allowed by prescription. For example, for a one-year supply, providers should enter "365."